

<b>Case Number:</b>	CM14-0001892		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/03/2008
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 10/3/2008. Per request for authorization, the injured worker was seen for follow up. Her current medications include 1) Norco 10/325 mg 1 tablet three times a day 2) Cymbalta 60 mg 1 tablet daily at bedtime 3) ibuprofen 600 mg 1 tablet three times a day. Diagnoses include 1) lumbago 2) lumbosacral neuritis nos.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **PAXIL 10MG DAILY QTY 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (2009), Selective Serotonin Reuptake Inhibitors (SSRIS) Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIS (Selective Serotonin Reuptake Inhibitors), Page(s): 107.

**Decision rationale:** The injured worker reportedly has not been able to get her Norco, Cymbalta or ibuprofen with the carrier. The requesting provider states he would like to rescind the request for Cymbalta and substitute Paxil 10 mg. Earlier progress reports indicate that the injured worker had been taking Cymbalta 60 mg 1 tablet daily at bedtime. The injured worker reported that the Cymbalta had helped her affect and also aided in maintaing sleep. The requesting provider notes that insomnia is a sign of depression and often has been utilized as a marker of efficacy. Although

the requesting physician does not report depression as a diagnosis on the most recent follow up reports, initial comprehensive evaluation lists the following diagnoses: 1) lumbar degenerative disk disease with MRI evidence of a change 2) intermittent radiculopathy 3) myofascial pain syndrome 4) left shoulder pain with frozen shoulder status post arthroscopy x2 5) fear-based avoidance of activity 6) depression. Her pain is described as chronic with subsequent consequence of depression. Per the guidelines, SSRIs such as Paxil are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. SSRIs may address psychological symptoms associated with chronic pain. The claims administrator did not certify this request stating that SSRIs are not recommended for the treatment of chronic pain. This request however is clearly for the treatment of depressive symptoms secondary to chronic pain. The request for Paxil 10 mg daily quantity 30 is determined to be medically necessary.